

RFI for Management of Behavioral Health Services for the Non-Medicaid Population

Questions & Responses

February 27, 2015

	Questions	Responses
1.	Is the State making it a priority to purchase one system from one vendor — or will a multi-vendor solution be acceptable?	DHH-OBH plans to purchase one system from one vendor.
2.	What is the State’s required functionality as it relates to National Voter Registration Act beyond the documentation and training?	The contractor will ensure providers are in full compliance with NVRA requirements and provide updates as needed.
3.	Is the State looking for a vendor that can staff a member call center? Will this call center have care coordination functions?	The contractor will be expected to provide care coordination functions. Final call center requirements are to be determined.
4.	Is the State looking for a vendor that can staff pharmacy operations? If yes, is it the State’s intention to have the vendor provide the pharmaceuticals and bill for related services?	Staffing pharmacy operations will not be required.
5.	Please further explain the requirement “respondent shall be able to create and implement the system and begin operation by December 1, 2015”. Does the State intend to follow this RFI with a Request for Proposal process? If so, what date will the state select a vendor? When will the state be ready to begin the implementation of the outlined functionality in the RFI?	DHH-OBH will follow this RFI with a request for proposal (RFP) with an estimated timeline of July, 2015 for an RFP release, and August, 2015 for determination of award.
6.	Can DHH-OBH provide guidance regarding the level of coordination expected of the chosen Vendor with the Bayou Managed Care program, the Federal Exchange Plans, and the State MMIS?	Since the contractor will be responsible for management of the non-Medicaid population, interaction with these entities will be on a limited basis, such as possible eligibility monitoring, etc. Full functionality to be determined in final contract.
7.	Can DHH-OBH provide the total proposed funding by funding source to be managed?	The contractor will not be required to manage funding sources for services.
8.	Is the intent of the state to contract on a full-risk basis or for administrative services only?	DHH-OBH will contract for administrative services only. The contractor will not be required to manage funding sources for services.
9.	Does the OBH intend to fund this on a PMPM or fixed monthly fee basis?	Funding will be provided to the contractor on a fixed monthly payment.

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10.	What is the anticipated term and duration of the resulting contract? What is the initial contract period of the program? Define the “first year” of the program. Is it the intent that the program will ultimately align with the State’s fiscal year of July 1 through June 30? Will there be additional optional program years? If so, how many?	It is anticipated the term of the contract to be effective from January 1, 2016, through June 30, 2017. DHH reserves the right to revise the anticipated effective date. The term of this contract is anticipated for a period of 18 months. DHH-OBH may also exercise an option to extend with the same terms and conditions of the initial contract term, not to exceed a thirty-six (36) month total term.
11.	Will there be financial audit requirements that need to be considered in the budget?	All state contractors are subject to audit. Contract amount will be all inclusive with no add-ons.
12.	What is the intended reimbursement structure to providers: Fee for Service (FFS) claims submission, block pre-funding, block grant, or some other method?	The reimbursement structure will be the same as currently exists; however, the contractor will not be required to manage or disperse funding for provider services.
13.	Who is responsible for the provider reimbursement, the contractor or OBH?	Same as currently exists via the Local Governing Entities (LGEs) or OBH.
14.	If the provider funding method is on a basis other than FFS claims submission, will a reconciliation function be performed to compare encounters to the funding levels, subject to a cash-true-up with the providers? If so will that be contractor’s responsibility?	DHH-OBH will expect encounter data for monitoring and analysis, but there will be no cash true-ups with providers.
15.	Regarding the Accountability and Pay for Performance (PFP) model, who is funding PFP?	Pay For Performance is funded by OBH’s existing budget.
16.	Will the state award a contract based on responses to this RFI?	DHH-OBH will utilize responses to this RFI to develop an RFP process that will be issued in a timely manner.
17.	If there will be a RFP, is response to this RFI a requirement to be eligible to respond to the RFP?	No, responses to this RFI are not a requirement to be eligible to respond to the RFP.
18.	For each funding source (including grants, agreements and partnerships), please list both the current fiscal year 2015 budget as well as the anticipated fiscal year 2016 budget.	The contractor is not required to manage the funds for provider services as outlined in the RFI.

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19.	For each funding source, please indicate whether there is an identified cap on allowable administrative expense. If so, indicate whether this cap is based upon a fixed dollar amount or percentage of funding, and indicate the amount by funding stream.	This item is not relevant. The contractor is not required to manage the funds for provider services.									
20.	In the Louisiana Behavioral Health Partnership Transparency Report and Appendices, there is descriptive information regarding customer service calls; however, there is no information regarding call volume. Can you provide the annual call volume for administration of the non-Medicaid funding streams?	Call volume for the LBHP broken out by non-Medicaid population is not available.									
21.	In the Louisiana Behavioral Health Partnership Transparency Report Appendix III the number of Non-Medicaid enrollees is listed as 285,901 – should we use this number in preparing the budget?	This number indicated should not be used in preparing the budget, as it reflects enrollees rather than persons receiving services.									
22.	In the Louisiana Behavioral Health Partnership Transparency Report Appendix XVII the total claims are displayed as \$305,245,561. Is this same claims number available for Non-Medicaid claims only?	No, these claims are for Medicaid only and not indicative of non-Medicaid service costs. Paying claims is not in the scope of this RFI.									
23.	In the Louisiana Behavioral Health Partnership Transparency Report Appendix V lists the number of Non-Medicaid services as 61,472 – should we use this number in preparing the budget? Also, can this number be split into inpatient and outpatient services? Are the services for children listed in Appendices VII and VIII included in the 61,472.	<p>The number indicated represents duplicated members per month and not services, so it cannot be split into inpatient and outpatient services. Only non-Medicaid children in Appendix VIII are included. The number of unduplicated non-Medicaid members served on an annual basis is provided below and is recommended for use to prepare any prospective budget.</p> <table border="1"> <thead> <tr> <th>Service Year</th><th>Non-Medicaid Child</th><th>Non-Medicaid Adult</th></tr> </thead> <tbody> <tr> <td>FY2012-2013</td><td>143</td><td>17073</td></tr> <tr> <td>FY2013-2014</td><td>99</td><td>16643</td></tr> </tbody> </table>	Service Year	Non-Medicaid Child	Non-Medicaid Adult	FY2012-2013	143	17073	FY2013-2014	99	16643
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24.	Claims processing/payment is not listed under scope of services. Please confirm that the vendor will not be responsible for processing/paying claims under this contract.	Correct, the contractor will not be responsible for processing/paying claims under this contract.
25.	If there is no claims processing requirement, how is payment currently dispersed to providers? And, will there be a change to this payment structure within the new managed system?	Same as currently exist through OBH and the LGEs; however, the contractor will not be required to manage or disperse funding for services.
26.	Does the successful vendor have latitude to provide certain administrative services from a location outside the state if it is deemed more cost-effective and does not have an adverse impact on enrollee care?	If deemed most cost-effective, this can be negotiated.
27.	Which administrative services does the current vendor need to provide locally (in-State) vs. out-of-state?	This will be determined through contract negotiations.
28.	Will respondents be required to credential/contract with the provider network or leverage the DHH-OBH's/LGE behavioral health network?	No, the contractor will not be required to credential providers.
29.	If respondent is required to use DHH-OBH's/LGE behavioral health network, will the respondent be supplied with the provider data need to support the scope of work outlined in the RFI?	Yes, the contractor will be supplied with provider data upon award of the contract.
30.	Does the requirement "responsibility for coordination of all services regardless of referral source" include medical services?	Care coordination requirements will be provided in the RFP.
31.	Please offer additional details regarding the "required data" (i.e. list of data elements).	Data deliverables will be outlined in RFP.
32.	If respondent is expected to implement the system and begin operation by December 1, 2015, what is the projected contract award date?	The timeline for contract award is tentatively set for 8/14/2015.
33.	Will DHH-OBH supply awarded contractor with an Eligibility file?	There is no eligibility file for the non-Medicaid population. Access to the Medicaid eligibility information will be determined based on the scope of work of the final contract and any potential contractor's ability to meet specific criteria for the transfer of data.

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34.	If a file is sent, please provide the file layout/format or data dictionary of the Eligibility Data being supplied. What is the frequency of the Eligibility updates (daily, weekly, monthly, etc.)?	Medicaid eligibility data is updated daily; however, eligibility file transfer and frequency will depend on the scope of work of the final contract and any potential contractor's ability to meet specific criteria for the transfer of data.
35.	Please offer a list of the required electronic data interchanges and file layouts (if available).	The contractor may need to interface with all LGEs as well as OBH.
36.	Please offer additional details regarding the reporting requirements (i.e. list of reports and frequency)	Reporting requirements vary according to specific tasks.
37.	Please provide the average annual number of non-Medicaid appeals and grievances.	Not applicable; DHH currently receives reports on grievances and appeals for Medicaid and non-Medicaid in aggregate.
38.	Are there specific security or system requirements in order to participate/access the Provider Link system?	The respondent will contract with Provider Link to set up the system to which all providers and OBH will have access. The system requirements can be determined through consulting with Covisint, the owner of Provider Link and an OBH contractor. As with any patient information, the respondent must adhere to HIPAA standards.
39.	Please offer additional details regarding this requirement.	No additional details are offered.
40.	How are pharmacy services currently reimbursed for the Non-Medicaid population?	Pharmacy services do not apply to this RFI.
41.	Is the pharmacy oversight requirement related to only behavioral health related drugs?	Pharmacy services do not apply to this RFI.
42.	Are there any facility/lease/rental requirements for the establishment of the health homes?	This question is not applicable.
43.	Are there any requirements of the vendor for providing member communications materials? If so, please elaborate on the type(s) of materials (i.e. brochures, handbooks, etc.) and distribution method (electronic, hard copy, in bulk or to enrollees' homes?).	Provision of member communication materials will be determined and provided upon RFP release.
44.	Can the State provide service-level utilization data either in aggregate or by funding stream?	This information may be provided upon RFP release.
45.	For what time period should the required proposed budget cover?	The estimated time period for this contract is from January 1, 2016, to June 30, 2017.

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46.	Is a performance bond required for this contract? If so, what is the requirement?	There is no performance bond requirement.
47.	Regarding the budget – can this be modified after the RFI submission or submitted in draft form pending the finalization of the operational structure/scope of the program?	The budget for the RFI is an estimation and can be submitted in draft form.
48.	What is the expected method of payment to the vendor (i.e., total annual budget paid in equal monthly installments, calculation of a PMPM based upon identified non-Medicaid enrollment, etc.)?	The method of payment will be the total annual budget paid in monthly installments.
49.	If payment to vendor is a fixed dollar basis rather than a variable method (such as a calculated PMPM), how are significant changes in the number of enrollees reflected in the payment amount?	The payment amount will be fixed and significant changes are not anticipated.
50.	We are a privately held organization. May we mark items such as our financial statements and any pricing documentation as confidential and proprietary or will these be open to public records requests?	Contactors may send a redacted copy in addition to the official, complete response. Redacted copies must be clearly marked as outlined in the RFI for limited public record release.
51.	As this is a RFI, will we be penalized if we choose not to submit a budget and/or financials in our response?	There will be no penalties; potential vendors are responding voluntarily. However, comprehensive responses are encouraged to facilitate a more informed RFI process.
52.	Will our response be considered “non-responsive” if we do not submit answers to all 11 questions?	Responses should be as comprehensive as possible. There are no “non-responsive” penalties.